|  |  |   |              |                       |                      |                  |                   | Application or Docket Number |                        |                               |                     |                        |  |
|--|--|---|--------------|-----------------------|----------------------|------------------|-------------------|------------------------------|------------------------|-------------------------------|---------------------|------------------------|--|
|  | PATENT A                                       | RD  | 10078076     |                       |                      |                  |                   |                              |                        |                               |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |              |                       |                      |                  | SMALL ENTITY TYPE |                              |                        | OTHER THAN<br>OR SMALL ENTITY |                     |                        |  |
| TOTAL CLAIMS   |  |   | 5            |                       |                      |                  | R                 | ATE                          | FEE                    | 1                             | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER FILED |                       | NUMBER EXTRA         |                  | BAS               | BASIC FEE 370.00             |                        | OR                            | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 5 minus 20=  |                       | * <i>O</i>           |                  | X\$ 9=            |                              | OR                     | X\$18=                        |                     |                        |  |
| INDEPENDENT CLAIMS   |  |   | 3 minus 3 =  |                       | * O                  |                  | ×                 | X42=                         |                        | OR                            | X84=                |                        |  |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PF                             | RESENT       |                       |                      |                  |                   | +140=                        |                        | OR                            | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |              |                       |                      | olumn 2          | TOTAL             |                              |                        | OR                            | TOTAL               | 2400                   |  |
| CLAIMS AS AMENDED - PART II  |  |   |              |                       |                      |                  |                   |                              | ,                      |                               | OTHER               |                        |  |
|  | _  | (Column 1)                                | (Colum       |                       |                      | (Column 3) SMA   |                   | ALL                          | ENTITY                 | OR                            | SMALL               | ENTITY                 |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA | R                 | ATE                          | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus        | **                    |                      | =                | X\$ 9=            |                              |                        | OR                            | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus        | ***                   | 5 01 4144            | =                | X                 | 12=                          |                        | OR                            | X84=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                       |                      |                  | +1                | 40=.                         |                        | OR                            | +280=               |                        |  |
|  |  |   |              |                       |                      |                  |                   | TOTAL<br>T. FEE              |                        | OB                            | TOTAL<br>ADDIT. FEE |                        |  |
|  |  | (Column 1)                                | ADDI         | I. FEC                |                      |                  | ADDII. FEE        |                              |                        |                               |                     |                        |  |
| AMENDMENT B  | CLAIMS<br>REMAINING                            |   | HIGH         |                       |                      |                  |                   |                              | ADDI-                  |                               |                     | ADDI-                  |  |
|  |  | AFTER<br>AMENDMENT                        |              | PREVI                 | IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | R/                | ATE                          | TIONAL<br>FEE          |                               | RATE                | TIONAL<br>FEE          |  |
|  | Total  | *   | Minus        | **                    |                      | =                | X                 | 9=                           |                        | OR                            | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus        | ***                   |                      | =                | X.                | 12=                          |                        | OR                            | X84=                |                        |  |
| Ĺ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                       |                      |                  |                   | 40=                          |                        | OR                            | +280=               |                        |  |
|  | TOTAL  |   |              |                       |                      |                  |                   |                              |                        | OB                            | TOTAL               |                        |  |
|  |  |   |              |                       |                      |                  |                   | T. FEE                       |                        | On                            | ADDIT. FEE          |                        |  |
|  |  | (Column 1)<br>CLAIMS                      |              |                       | mn 2) (Column 3)     |                  | ļ <sub>[</sub>    |                              | I ADDI                 | ì                             |                     | 4001                   |  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT           |              | PREVI                 | IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | R/                | ATE.                         | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus        | **                    |                      | =                | X                 | 9=                           |                        | OR                            | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus        | ***                   | T () ( ) :           | =                | X4                | 12=                          |                        | OR                            | X84=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                       |                      |                  |                   | 40-                          |                        |                               | .290-               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |              |                       |                      |                  |                   |                              |                        | OR                            | +280=<br>TOTAL      |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE |  |   |              |                       |                      |                  |                   |                              |                        | OR                            | ADDIT. FEE          | <u> </u>               |  |
|  |  | nber Previously Pai                       |              |                       |                      |                  | er found in       | the ap                       | propriate bo           | k in co                       | lumn 1.             |                        |  |